Division of Health Care Financing HCF 5294 (Rev. 04/03)

## FAX REQUEST FOR A WISCONSIN MARRIAGE CERTIFICATE

Personally identifying information requested on this form, including credit card information, will be used to process your request and payment for the requested copies. Failure to supply this information may result in denial of your request for copies.

**PENALTIES:** Any person who willfully and knowingly makes false application for a marriage certificate shall be fined not more than \$1,000 or imprisoned not more than nine months, or both, per Chapter 69.24(2) Wisconsin Statutes.

INSTRUCTIONS: Please complete this form and fax to (608) 255-2035. ALL FAX REQUESTS WILL BE CHARGED AN EXPEDITED SERVICE FEE.

SECTION L. SHIP TO (VOIL MUST COMPLETE THIS SECTION FOR PEOLIEST TO BE PROCESSED.)					
SECTION I - SHIP TO (YOU MUST COMPLETE THIS SECTION FOR REQUEST TO BE PROCESSED.)					
1. Name 2. Daytime Telephone No.					
3. Street Address or P.O. Box (You must provide a street address if you are requesting a Federal Express return.)  Apt. No.					
J. Street Address	or i.o. box (for must provide a	street address if you are request	ing a rederal Express	s return.,	Αρί. Νο.
4. City			5. State	6. Zip Code	
4. Oity			J. Olate	0. Zip 00dc	
SECTION II - APPLICANT'S RELATIONSHIP TO ONE OF THE PERSONS NAMED ON THE MARRIAGE CERTIFICATE					
Check one.					
<ul> <li>I am one of the persons named on the marriage certificate.</li> <li>I am a parent of one of the persons named on the marriage certificate.</li> <li>I am the legal custodian or guardian of one of the persons named on the marriage certificate.</li> <li>I am a member of the immediate family of one of the persons named on the marriage certificate. (Only those listed below qualify as immediate family.)</li> </ul>					
Check one:	☐ Spouse ☐ Ch	hild D Brother	□ Sister □	Grandparent	
_	·			Grandparent	
	bove. I am requesting an uncertifie	ed copy of the marriage certificate.			
I hereby attest that the information provided on this application is correct to the best of my knowledge and belief and that I am entitled to copies of the requested marriage certificate in accordance with the categories listed above.					
SIGNATURE - /	Applicant			Date Signed	
SECTION III - FEES FEES ARE NOT REFUNDABLE IF NO RECORD IS FOUND. Mandatory fees are already filled in. Please fill in additional fees for extra copies or Federal Express delivery, if applicable.					
1 Search F	ee (includes one copy of the ma	arriage certificate if found)		\$	7.00 7.00
<ol> <li>Search Fee (includes one copy of the marriage certificate, if found)</li> <li>Additional Copies of the Certificate (issued at the same time as the first)</li> </ol>					3.00 <u>7.00</u>
No. of Copies					
3. Expedited Service Fee for Fax Service					0.0010.00
4. Credit Card Processing Fee					6.006.00
, ,					0.00
Federal Express - \$17.50 in the continental U.S.; shipped within 2 business days \$17.50					
NOTE: If no box is checked, the copy will be sent by regular mail.  TOTAL					
				10	IAL
SECTION IV - CREDIT CARD INFORMATION We accept Visa, MasterCard, American Express or Discover.					
Credit Card Number Expiration Date					
SIGNATURE - Credit Card Holder Date Signed					
SECTION V - MARRIAGE CERTIFICATE INFORMATION					
Groom's Name (First, Middle, Last)					
Bride's MAIDEN Name (First, Middle, Last)					
Place of Marriage - City Place of Marriage - County Date of Marriage (Month / Day					onth / Day / Year)
OFFICE USE ONLY	Certificate Number				
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